REST AVAILABLE COPY

							Application or Docket Number					
	PATENT A	RD	020	0/3	0 -00	011105						
CLAIMS AS FILED - PART I								ENTITY		OTHER THAN		
To	OTAL CLAIMS		(Column	1)	(Colu	umn 2)	TYPE		OR	OR SMALL ENTITY		
			14					E * FEE	- id (###\#	*RATE	FEE	
FOR			NUMBER FILED		NUME	NUMBER EXTRA		FEE 355.0	0 OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/ // minus 20=		• 0		X\$ 9	=	OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		0		X40=	=	OR	X80=		
MU	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT				+135	=	OR	+270=		
* If th difference in column 1 is less than zero, enter "0" in column 2							TOTA	r 326.	OOR	1		
CLAIMS AS AMENDED - PART II								1 0 mm		OTHER	THAN	
		(Column 1)		(Colum		(Column 3)	SMAL	L ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	. 3	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT	RATE	ADDI TIONA FEE		RATE	ADDI- JONAL FEE	
S N	Total	. 38	Minus	- 2		= 18	X\$ 9	- 162	OR	X\$18=		
AME	Independent	* Ø5	Minus		3	= #2	X40=		OR	X80=		
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	++270=		
							TOT ADDIT. FI		OR	TOTAL ADDIT, FEE	*	
	(Column 1) (Column 2) (Column 3)						ADDIT. F	===		AUUII. FEEI		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONA FEE	- 4	RATE	ADDI- TIONAL FEE	
S S S	Total	•	Minus	**		=	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***	,	=	X40=			X80=	le .	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR			
	• .						+135=		OR	+270=		
								AL EE	OR	TOTAL ADDIT. FEE		
_	(Column 1) (Column 2) (Column 3)										4	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONA FEE	L	RATE	ADDI- TIONAL FEE	
NO N	Total		Minus	**		=	X\$ 9=		OR	X\$18=	;	
AME	Independent	*	Minus	***		=	X40=			X80=		
	FIRST PRESE			OR		ļ						
* If the entry in column 1 is 1 ss than the entry in column 2, write "0" in column 3.									OR	+270=		
** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE		
•	The "Highest Nurr	mber Previously Pai	id For (Total or	r independ	ent) is the	an 3, enter 3. e highest number	found in the	appropriate l	box in co	lumn 1.		
								•				